

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 SEP 10 AM 8:52



<b>1.</b> Name of Limited Partnership	<b>1a.</b> DOCUMENT # <b>A24321</b>
<b>BAYSIDE PLAZA, LTD.</b>	

<b>2.</b> Mailing Address	<b>2a.</b> Principal Office Address
C/O THE ALLEN MORRIS COMPANY 1000 BRICEKLL AVENUE, SUITE 300 MIAMI FL 33131	C/O THE ALLEN MORRIS COMPANY 1000 BRICEKLL AVENUE, SUITE 300 MIAMI FL 33131
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

<b>3.</b> Date Formed or Registered <b>03/31/1987</b>	<b>5a.</b> Capital Contributions as Shown on record.  <b>\$100.00</b>
<b>3a.</b> Date of Last Report <b>12/05/1996</b>	
<b>4.</b> State or Country of Formation <b>FL</b>	<b>5b.</b> Amount of Capital Contributions in FLORIDA to date:
<b>6.</b> FEI Number <b>NOT APPLICABLE</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
<b>7.</b> Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
<b>8.</b> Make check payable to: Dept. of State (See reverse side for fee information)	

**9. Name and Address of Current Registered Agent**

**MORRIS, W. ALLEN**  
1000 BRICKELL AVENUE  
SUITE 1200  
MIAMI FL 33131

**10.** If changed, new Registered Agent/Office

Name \_\_\_\_\_  
Street Address (P.O. Box Number Is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, etc. \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

**10a.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

<b>11.</b> Name(s) of General Partner(s) <b>HAMMOND VENTURE, INC.</b>	<b>11a.</b> Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>1000 BRICKELL AVE.#30</b>	<b>11b.</b> City, State & Zip Code <b>MIAMI FL</b>	<b>11c.</b> Registration/ Document Number <b>P16775</b>
600002290526--3 --09/11/97--01082--004 ****156.25 ****156.25  <b>KWM</b>			

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Bill G. Davis DATE 9-3-97

Typed or Printed Name of General Partner Signing Form \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

CR2E003 (6/97)